For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

DLN: 93493227022418

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

Interna	l Reve	of the Treasur enue Service	► Information about	il security numbers on this form as it r : Form 990 and its instructions is at <u>wi</u>	ww IRS gov		0	pen to Public Inspection
A F	or th	e 2016 ca		ning 10-01-2016 , and ending 09-	30-2017			
☐ Ad		ipplicable change iange	C Name of organization AMERICAN KIDNEY SERVICES INC			D Employe 20-2504		cation number
☐ Ini	tial ret	-	Doing business as					
☐ Am	n/terr nended	minated d return	Number and street (or P O box if ma 6360 BUTTON GWINNETT DRIVE	il is not delivered to street address) Room/	suite	E Telephone (770) 41		
□ Ар	plicati	on pending	City or town, state or province, count ATLANTA, GA 30340	try, and ZIP or foreign postal code		G Gross rece		842.165
			F Name and address of principal	officer	H(a) I	s this a group retu	<u> </u>	,100
			EDWARD A ZITO 6360 BUTTON GWINNETT DRIVE ATLANTA, GA 30340		н(b) ^д	subordinates? Are all subordinate		□Yes ☑No □Yes □No
I Ta:	x-exer	mpt status	☑ 501(c)(3) □ 501(c)() ◄ (i	nsert no) 4947(a)(1) or 527	I	ncluded? f "No," attach a lis		instructions)
J W	ebsit	te:▶ WW	W AKSPICKUP ORG		H(c) (Group exemption r	number	•
K Forn	n of o	rganızatıon	☑ Corporation ☐ Trust ☐ Assoc	oration Other ►	L Year of	formation 2004	M State o	of legal domicile GA
_Pa		Sum	· ·		1	<u>'</u>		
	-	TO PROVIE		SUFFERERS THROUGH CONTRIBUTION			Y FUND,	, PRIMARILY
nce	-	THROUGH	THE SALE OF USED CLOTHING AN	D HOUSEHOLD ITEMS DONATED BY T	HE GENERA	AL PUBLIC		
Governance	-							
30 VE	2	Check this	s box ▶ ☐ If the organization disc	continued its operations or disposed of	more than	25% of its net as	sets	
	3	Number o	f voting members of the governing	g body (Part VI, line 1a)			3	5
Activities &			· •	the governing body (Part VI, line 1b)			4	4
¥	l		, ,	endar year 2016 (Part V, line 2a) .essary)			5 6	792 4
Ac			·	VIII, column (C), line 12			7a	0
	l			Form 990-T, line 34			7b	0
				·		Prior Year		Current Year
Q.	8	Contributi	ons and grants (Part VIII, line 1h)				0	0
Ravenue	9	Program s	service revenue (Part VIII, line 2g)				0	0
R	I		nt income (Part VIII, column (A), I	· · ·		6		751
	I		enue (Part VIII, column (A), lines			2,227,78		1,841,414 1,842,165
	_		d similar amounts paid (Part IX, co	st equal Part VIII, column (A), line 12)		458,98		407,915
				lumn (A), line 4)		+30,30	0	
Ş	l			nefits (Part IX, column (A), lines 5–10)		1,463,24	19	1,234,519
nse	16a	Profe s sio	nal fundraising fees (Part IX, colun	nn (A), line 11e)		•	0	0
Expenses	ь	Total fundra	aising expenses (Part IX, column (D), lir	ne 25) ▶446,054				
ш	17	Other exp	enses (Part IX, column (A), lines 1	l1a-11d, 11f-24e)		242,70	54	221,492
	l	•	enses Add lines 13–17 (must equa	, ,,		2,165,00		1,863,926
, 00	19	Revenue I	less expenses Subtract line 18 fro	m line 12	Danie	63,4	_	-21,761
Net Assets or Fund Balances					Begin	ining of Current Ye	ar	End of Year
Asse Bat	20	Total asse	ets (Part X, line 16)			109,6	74	202,122
E E	l		lities (Part X, line 26)			69,5	_	183,721
		_	s or fund balances Subtract line 2	1 from line 20		40,10	52	18,401
	pena edge	alties of pe and belief		ned this return, including accompanyir Declaration of preparer (other than of				
		****** Signatu	re of officer			2018-08-15 Date		
Sign Here								
	-		D A ZITO PRESIDENT print name and title					·
			rint/Type preparer's name	Preparer's signature	Date		TIN	
Paid	k		ARY JO ALEXANDER	MARY JO ALEXANDER	2018-08-14	self-employed	00002534	
Pre		E1	rm's name ► MAULDIN & JENKINS LL rm's address ► 200 GALLERIA PKWY SE			Firm's EIN > 58-0		
Use	On	ıly 📑				Phone no (770) 9	J3-8600	
May t	he TP	S discuss	ATLANTA, GA 3033959	rn above? (see instructions)			√ ∨	es 🗆 No
y L	11/		recarri micri che preparer show	allote (occ monucions) i i i			1	

Cat No 11282Y

Form **990** (2016)

-orm	990 (2016)					Page 2
Part	IIII Statemer	nt of Program Servic	e Accomplish	nments		
	Check if Scl	hedule O contains a respo	nse or note to a	ny line in this Part III		🗆
1	Briefly describe the	e organization's mission				
FO PR	OVIDE SUPPORT TO OF USED CLOTHING	O KIDNEY DISEASE SUFFE G AND HOUSEHOLD ITEM:	ERERS THROUGH S DONATED BY	H CONTRIBUTIONS TO THE GENERAL PUBLIC	THE AMERICAN KIDNEY FUND, PRI	MARILY THROUGH THE
		on undertake any significa l or 990-EZ?			nich were not listed on	□Yes ☑No
	•	hese new services on Sch				
		on cease conducting, or m	<u>-</u>	changes in how it condu	cts, any program	
						☐ Yes ☑ No
	Section $501(c)(3)$	nization's program service and 501(c)(4) organizatio enue, if any, for each prog	ns are required	to report the amount of	largest program services, as measu f grants and allocations to others, t	red by expenses he total
4a	(Code See Additional Data) (Expenses \$	1,244,946	including grants of \$	407,915) (Revenue \$)
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		vices (Describe in Schedu	•			
	(Expenses \$		uding grants of s	•) (Revenue \$)
4e	Total program se	ervice expenses 🟲	1,244,94	16		

or X as applicable

Page 3

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No

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Part IV Checklist of Required Schedules

Section 501(c)(3) organizations.

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 🔒 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😏

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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11a

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11c

11d

11e

11f

12a

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14a

14b

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Yes

Yes

Yes

Yes

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Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Page 4

Νo

No

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Yes

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Yes

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The set of the 20a, and the organization attach a copy of its addition mancial statements to this return.	
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	Г

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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Par				
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		165	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by	10		
h	this return	2 b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5c 6a		No
	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	Ua .		140
	not tax deductible 7	6 b		
	Organizations that may receive deductible contributions under section 170(c).	_		.
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 00	0 (22:5

orm	990 (2	2016)			Page 6
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	_
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 5		Yes	No
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 4			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other ir, director, trustee, or key employee?	2	Yes	
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	he organization have members or stockholders?	6		No
7a	Did th	he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b		No
8	Did th	he organization contemporaneously document the meetings held or written actions undertaken during the year by obliowing			
а	The g	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8b		No
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the na</i> me <i>s and addresses in Schedul</i> e O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)	
				Yes	No
10a	Did th	he organization have local chapters, branches, or affiliates?	10a		No
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	he organization have a written conflict of interest policy? <i>If "No," go to lin</i> e 13	12a	Yes	
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was don</i> e	12c	Yes	
13	Did th	he organization have a written whistleblower policy?	13		No
14	Did th	he organization have a written document retention and destruction policy?	14	-	No
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	r officers or key employees of the organization	15b		No
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
b	ın joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status	s with respect to such arrangements?	16b		
Se		C. Disclosure			
17	Lıst tl	he States with which a copy of this Form 990 is required to be filed▶ GA			
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
		Own website Another's website Upon request Other (explain in Schedule O)			
19	Descr	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20		, and financial statements available to the public during the tax year the name, address, and telephone number of the person who possesses the organization's books and records			
		RVIN DUSSINGER 6360 BUTOON GWINNETT DRIVE ATLANTA, GA 30340 (770) 416-9922			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

 List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (C) (D) (F) (B) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Former Highest compensatemployee individual trustee or director organizations MISC) MISC) related Institutional below dotted organizations employ line) D. Trustee 2 00 (1) MARVIN DUSSINGER х х 13 000 0 Ω PRESIDENT 1 00 (2) GARY ALEXANDER 0 DIRECTOR 1 00 (3) SCOTT LEHMANN х 0 х 0 TREASURER 1 00 (4) EDWARD A ZITO x Х n VICE PRESIDENT/SECRETARY 1.00 (5) TYLER ALEXANDER х 0 DIRECTOR

Form 990 (2016)

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F)

Position (do not check more

Average

Reportable

Reportable

Estimated

Name and Title

Name and Title	hours per week (list any hours		ne bo	ox, u n off	ınles ficer	s pers and a	on	compensation from the organization (W-	compensation from related organizations (W-	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total		n A .	• •	. •		>				

c	Sub-Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

d	Fotal (add lines 1b and 1c) ▶ 13,000	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			

Νo

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Nο

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) (B) (C)

Name and business address Description of services Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0 Form 990 (2016)

	n 990 (2016)				Page 10
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other orga	nızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any I	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	407,915	407,915		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				-
5	Compensation of current officers, directors, trustees, and key employees	13,000		13,000	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,196,047	691,911	131,569	372,567
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	14,704	11,028	3,676	
10	Payroll taxes	10,768		10,768	
11	Fees for services (non-employees)				
a	Management				
Ŀ	Legal				
•	: Accounting	11,800		11,800	
c	Lobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	4,755	3,566	1,189	
14	Information technology				
	Royalties				
16	Occupancy	200,963	127,476		73,487
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				-
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	229	229		
23	Insurance	3,619	2,714	905	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a OTHER EXPENSE	126	107	19	
	b				
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,863,926	1,244,946	172,926	44 6, 0 54
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form	990	(2016)				Page 11
Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note	e to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		14,903	1	
	2	Savings and temporary cash investments	[2	
	3	Pledges and grants receivable, net		73,466	3	184,942
	4	Accounts receivable, net		4		
	5 6	Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disqualif		5		
Assets	7	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (label of the section of the section contributing employees' beneficiary organizations (label of the section of th	n 4958(c)(3)(B), and tions of section 501(c)(9)	17.822	6	13,926
	8	Inventories for sale or use	 	,	8	
	9	Prepaid expenses and deferred charges	· · ·	2.776	9	2.776
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,146			
	ь	Less accumulated depreciation	10b 668	707	10 c	478
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	:11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets.Add lines 1 through 15 (must equa	al line 34)	109,674	16	202,122
	17	Accounts payable and accrued expenses		17,073	17	55,526
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees				
ap		persons Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrela	ted third parties		23	

24

25

26

27 28

29

30

31

32

33

34

128,195

183.721

18,401

18,401

202,122

Form **990** (2016)

52,439

69.512

40,162

40,162

109,674

24

25

26

27

28

29

30

31

32

33

34

Assets or Fund Balances

Net

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	,842,165
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	,863,926
3	Revenue less expenses Subtract line 2 from line 1	3			-21,761
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			40,162
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			18,401
	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	.	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			

За

3Ь

Nο

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

EIN: 20-2504107

Software ID: Software Version:

Name: AMERICAN KIDNEY SERVICES INC.

Form 990 (2016)

Form 990, Part III, Line 4a:

SOLICIT CHARITABLE DONATIONS FROM THE GENERAL PUBLIC OF CLOTHING AND HOUSEHOLD ITEMS

efile	e GR/	APHIC print	t - DO NOT PROCESS	As Filed Data -			DLN: 9	3493227022418
SCI	HED	ULE A	Public	Charity Statu	s and Pul	hlic Supp	ort	OMB No 1545-0047
	m 990			organization is a sect 4947(a)(1) nonexe	ion 501(c)(3) e empt charitable	organization o trust.		2016
		the Treasury	► Information abo	► Attach to Form ut Schedule A (Form www.irs.g	990 or Form 99 990 or 990-EZ ov/form990.) and its instru	uctions is at	Open to Public Inspection
Name	e of th	ne organizati DNEY SERVICES					Employer identific	
							20-2504107	
Pa			or Public Charity Stat private foundation because				See instructions.	
1	r garnz		nvention of churches, or a	•	• ,		(A)(i)	
2		•	cribed in section 170(b)			` ` ` `	(4)(1)	
3					•		· III \	
		·	a cooperative hospital ser	-				
4	Ш	name, city, a	search organization operat and state	ted in conjunction with	a nospital descri	ipea in section	170(B)(1)(A)(III). E	nter the nospital's
5			ion operated for the benef	it of a college or unive	rsity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, sta	ate, or local government o	r governmental unit de	scribed in sectio	on 170(b)(1)(4)(v).	
7		section 170	ion that normally receives $O(b)(1)(A)(vi)$. (Complete	e Part II)			unit or from the gener	al public described in
8		A community	y trust described in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ral research organization d ant college of agriculture S					ege or university or a
.0	✓	from activitie investment i	on that normally receives es related to its exempt fui ncome and unrelated busing ee section 509(a)(2). (Co	nctions—subject to cert ness taxable income (le	taın exceptions,	and (2) no more	than 331/3% of its su	pport from gross
.1			ion organized and operate	•	r public safety S	ee section 509)(a)(4).	
2		more publicly	tion organized and operate y supported organizations through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a	
а		Type I. A su organization	ipporting organization oper (s) the power to regularly art IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A s managemen	supporting organization sup t of the supporting organiz lete Part IV, Sections A	pervised or controlled in cation vested in the sar				
С		Type III fu	nctionally integrated. A ganization(s) (see instruct	supporting organizatio				ited with, its
d		functionally i	n-functionally integrate integrated The organization You must complete Pa	on generally must satis	fy a distribution i	requirement and		
e		Check this b	ox if the organization receiver Type III non-functionally	ived a written determir	ation from the I		ype I, Type II, Type II	I functionally
f	Enter	• .	of supported organizations		-		_	
g			ng information about the s		s)			
(i)N	ame o	f supported or	ganization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(i) Is the organiz your governir	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
			<u> </u>					
	1							
Total		uosk Bad	on Act Notice, see the I	notuustisus f	Cat No 11285		 Schedule A (Form 9	00 or 000 EZ\ 2011

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
	Support Schedule for (Complete only if you ch III. If the organization fa	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or i	if the organizati	on failed to quali	
_	Section A. Public Support	and to quanty are	401 1110 10010 110	coa Bolotty produ	se comprete r ar		
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f) Total
_	(or fiscal year beginning in) ▶	(a)2012	(0)2013	(0)2014	(4)2013	(6)2010	(I)Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						_
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from				-	-	
_	line 4						
	Section B. Total Support		•		1	,	
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4					-	
8							
•	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
7	activities, whether or not the						
	business is regularly carried on						
10							
	loss from the sale of capital assets (Explain in Part VI)						
11							
	10	<u> </u>			<u> </u>		
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is fo	-				· · · · · <u>-</u>	-
	check this box and stop here					<u> ▶ L</u>	
	Section C. Computation of Public						
	Public support percentage for 2016 (li			column (f))		14	
	Public support percentage for 2015 Sc					15	
16	$_{ m a}$ 33 1/3% support test $-$ 2016. If the	organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	
ŀ	and stop here. The organization qual b 33 1/3% support test—2015. If th				and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization						▶ □
17	a 10%-facts-and-circumstances tes is 10% or more, and if the organizatio in Part VI how the organization meets	n meets the "facts	-and-circumstanc	es" test, check thi	s box and stop h e	e re. Explain	
	organization	and one		0. 34111244011	-,	,	ightharpoons
ŀ	b 10%-facts-and-circumstances tes 15 is 10% or more, and if the organization Explain in Part VI how the organization	zation meets the "f	facts-and-circums	tances" test, chec	k this box and sto	p here.	, ,
18	supported organization			-			▶ □
10	instructions		, -	, , _ , _ , _ ,	,		▶□
	mad actions				Schodu	le A (Form 990 o	r 990-F7) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you o					to quali	fy under	Part II. If
Se	the organization fails t	o quality under	the tests listed b	elow, please col	impiete Part II.)			
	Calendar year	()2012	(1)2012	()2044	(1)2045	/ 120	1.5	
	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not	(a)2012	(b) 2013	(c)2014	(d)2015	(e)20	16	(f)Total
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the							
3	Gross receipts from activities that are not an unrelated trade or business under section 513	2,212,814	2,206,977	2,272,464	2,227,781	1,	841,414	10,761,450
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	,						
6	Total. Add lines 1 through 5	2,212,814	2,206,977	2,272,464	2,227,781	1,	341,414	10,761,450
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
c	Add lines 7a and 7b							0
8	Public support. (Subtract line 7c from line 6)							10,761,450
_ 56	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 20		(f)Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	2,212,814	2,206,977	2,272,464	2,227,781	1,	751	10,761,450
ь	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,							
	1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				672		751	1,423
12		8,129						8,129
13	Total support. (Add lines 9, 10c, 11, and 12)	2,220,943	2,206,977	2,272,464	2,228,453	1,	342,165	10,771,002
14	First five years. If the Form 990 is for	or the organization	's first, second, th	ırd, fourth, or fıfth	tax year as a sec	tion 501(c)(3) org	_
	check this box and stop here							▶ ∐
	ection C. Computation of Public			l		T I		
15	Public support percentage for 2016 (II			column (T))		15		99 910 %
16	Public support percentage from 2015	Schedule A, Part I	11, line 15			16		99 650 %

Section D. Computation of Investment Income Percentage

17

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))

17

0 010 %

Investment income percentage from 2015 Schedule A, Part III, line 17 18

18

0 010 %

19a 331/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2016

ightharpoons

Sections A and D. and complete Part V)

Section A. All Supporting Organizations Nο Yes

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose. describe the designation. If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) helow Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the

3а determination 3h Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4h supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c

Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below

10a

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

10b

Schedule A (Form 990 or 990-FZ) 2016

ь.	rt IV	Supporting Organizations (continued)			
	ILLIA	Supporting Organizations (continued)		Yes	No
	Haa	the average than accorded a sift or contribution from any of the following names 2		162	NO
11		the organization accepted a gift or contribution from any of the following persons?			
а		erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the erning body of a supported organization?	11a		
ь	A fa	mily member of a person described in (a) above?	11b		
c	A 35	5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
٤	ectio	n B. Type I Supporting Organizations			
				Yes	No
1	elec VI / orga trus	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or it at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part now the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the anization had more than one supported organization, describe how the powers to appoint and/or remove directors or tees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such ters during the tax year.	1		
2	Did	the organization operate for the benefit of any supported organization other than the supported organization(s) that			
_	ope carr	rated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit ried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	orga	anization	2		
_	'aatia	n C. Tuno II Sunnovino Overninations			
	ectio	n C. Type II Supporting Organizations		Yes	No
1	each	re a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of in of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s)		163	NO
			1		
9	ectio	n D. All Type III Supporting Organizations			
				Yes	No
1	tax Forr	the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the n 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing uments in effect on the date of notification, to the extent not previously provided?			
			1		
2	(s)	re any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization intained a close and continuous working relationship with the supported organization(s)			
			2		
3	orga	reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the anization's investment policies and in directing the use of the organization's income or assets at all times during the tax or			
	,		3		
9	ectio	n E. Type III Functionally-Integrated Supporting Organizations			
1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons)		
	а 🗀	The organization satisfied the Activities Test Complete line 2 below			
	ь Г	The organization is the parent of each of its supported organizations. Complete line 3 below			
	c _	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Acti	vities Test Answer (a) and (b) below.		Yes	No
	sup o rg resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was sonsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
		the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the			
	orga o <i>rga</i>	anization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the anization's position that its supported organization(s) would have engaged in these activities but for the organization's silvement	2 b		
3	Pare	ent of Supported Organizations Answer (a) and (b) below.			
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of supported organizations? <i>Provide details in Part VI.</i>	3a		
		the organization exercise a substantial degree of direction over the policies, programs and activities of each of its ported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

chedule A (I	Form 990 or 990-EZ) 2016 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

Cabadula A (Farm 000 as 000 E7) 2016

SCHEDULE D

(Form 990)

1

2

3

5

3

5

6

2

DLN: 93493227022418

OMB No 1545-0047

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number AMERICAN KIDNEY SERVICES INC 20-2504107 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(1)and section 170(h)(4)(B)(II)? ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Ma	intaining Col	lections o	of Art, F	listori	cal T	easu	ires, or	Other	Similar A	ssets (contin	ued)
3		the organization's acqu (check all that apply)	usition, accession	n, and other	records,	, check	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of its	s colle	ction
a		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	generations											
4	Provid Part >	de a description of the c	rganızatıon's col	lections and	l explain	how the	ey furtl	er the	e organız	ation's ex	kempt purp	ose in		
5	Durin asset	g the year, did the orga s to be sold to raise fun	nızatıon solıcıt o ds rather than to	r receive d o be maintai	nations o	of art, h art of th	istorica ne orga	l trea: nizatio	sures or on's colle	other sım ction?	ıılar	□ Ye	es.	□ No
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	ount on I	orm=	990, Part
1a		e organization an agent, ded on Form 990, Part X		an or other	ıntermed	liary for	contri	oution	s or othe	er assets	not	☐ Y €	es	□ No
Ь	If "Ye	es," explain the arranger	ment in Part XIII	and comple	ete the fo	llowing	table		[Amount		
c		ining balance	Helic III I alc XIII	and comple	ste the re	Mownig	table		-	1c		Amount		
d	_	ions during the year							ŀ	1d				
е		butions during the year							ŀ	1e				
f		g balance							ŀ	1f				
2a		ne organization include a	an amount on Fo	rm 990. Pai	rt X. line	21. for	escrow	or cu	ו istodial a	ccount lia	ability?			
b		s," explain the arranger		·	•						·			□ No
Pa	rt V	Endowment Fund	l s. Complete ıf			answer	ed "Y	es" or	n Form '	990, Par	t IV, line	10.		
	_			(a)Currer	nt year	(b) P	rıor yea	r	(c)Two ye	ears back	(d)Three ye	ears back	(e) Fo	ur years back
	_	ing of year balance												
		outions						_						
		restment earnings, gains	s, and losses											
		or scholarships	•					_						
е		expenditures for facilitie ograms	S											
f	Admini	strative expenses .												
g	End of	year balance												<u>.</u>
2	Provid	de the estimated percen	tage of the curre	ent year end	balance	(line 1	g, c ol u	mn (a)) held a	s				
а	Board	designated or quasi-er	ndowment 🟲											
b	Perm	anent endowment 🕨												
c	Temp	orarily restricted endow	ment 🕨											
		ercentages on lines 2a,		-										
3а		nere endowment funds i nization by	not in the posses	sion of the	organızat	tion that	t are h	e ld an	d admını	stered fo	r the		[Yes No
	(i) ur	nrelated organizations					•						a(i)	
Ь		elated organizations . s" on 3a(ii), are the rela				 on Sche	 dule R	· .	: :				a(ii) 3b	
4	Descr	ribe in Part XIII the inte	nded uses of the	organizatio	n's endo	wment f	funds							
Pa	rt VI	Land, Buildings, a				~ 000	Dowt '	r) / 1	11.	Caa Fam	000 D-	منا كدياست	- 10	
	Descri	Complete If the org	(a) Cost or oth (investme	ner basıs		or other					m 990, Pa epreciation	 		ok value
1a	Land													
b	Buildin	gs												
c	Leaseh	old improvements												
d	Equipn	nent												
								1,146			668			478
Tota	al. Add	lines 1a through 1e <i>(C</i> o	lumn (d) must e	qual Form 9	90, Part	X, colur	nn (B)	line :	10(c)).		>			478

Part VII Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	anızatıon answere	ed 'Yes' on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value		hod of valuation of-year market value
(1)Financial derivatives	·	Cost of ella.	2. your market value
(2)Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	and Wash on Faura	000 Part IV Iva 11a
Part VIII Investments—Program Related. Complete if the or See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Met Cost or end	hod of valuation of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes'	F 000 P+ 17	/ los 444 Cas Fam	- 000 Part V Iva 15
(a) Description	on romi 550, rait 1	, me ila Seerom	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answer	red 'Yes' on Form	990, Part IV, line	. ▶ 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book	value	
(1) Federal income taxes			
ACCRUED GRANTS (2)		128,195	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	128,195	
2. Liability for uncertain tax positions In Part XIII, provide the text of the fo		ızatıon's fınancıal sta	
organization's liability for uncertain tax positions under FIN 48 (ASC 740)	heck here if the tex	t of the footnote has	been provided in Part XIII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Other (Describe in Part XIII) Add lines 4a and 4b . . C 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII

Schedule D (Form 990) 2016

Part XI

Schedule D (Form 990) 2015

Page 4

1.842.165 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1,872,926 Amounts included on line 1 but not on Form 990, Part IX, line 25

1 2 2a Donated services and use of facilities . 9,000 а b Prior year adjustments 2b Other losses . **2**c 2d Other (Describe in Part XIII) .

Add lines 2a through 2d . 9,000 е 2e 3 3 Subtract line 2e from line 1 . 1.863.926 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

4b b Other (Describe in Part XIII) Add lines 4a and 4b . 4c C Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5

1,863,926 5 Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation See Additional Data Table

Page 5		chedule D (Form 990) 2015				
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2016

Additional Data

Suppleme	ntal Inf	ormatio	n

Return Reference

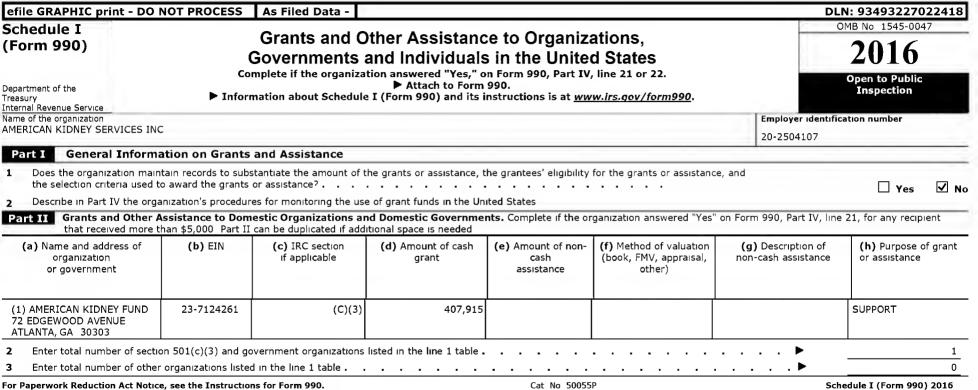
PART X, LINE 2

Software Version: EIN: 20-2504107 Name: AMERICAN KIDNEY SERVICES INC

Software ID:

THE ORGANIZATION HAS NO UNCERTAIN TAX LIABILITIES UNDER FIN 48

Explanation



Schedule I (Form 990) 2016

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DL	N: 93493227022418			
SCHEDUL	ΕO	Supplemental Information to Form 990	or 990-F7	OMB No 1545-0047			
(Form 990 or 990- EZ) Department of the Treasury Complete to provide inf Form 990 or 990-E ▶ At ► Information about Schedu		Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional information by Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its www.irs.gov/form990.	information for responses to specific questions on O-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Medule O (Form 990 or 990-EZ) and its instructions is at				
	MERICAN KIDNEY SERVICES INC		20-2504107	er identification number			
Return Reference	e O, Sup	plemental Information Explanation					
FORM 990, PART VI, SECTION A, LINE 2	GARY A	ND TYLER ALEXANDER HAVE A FAMILY RELATIONSHIP					

Return
Reference
FORM 990. BOARD OF DIRECTORS DOES NOT HAVE COMMITTEES

FORM 990, PART VI, SECTION A.

990 Schedule O, Supplemental Information

LINE 8B

Return Explanation Reference FORM 990. THE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO ISSUANCE PART VI,

990 Schedule O, Supplemental Information

SECTION B, LINE 11B

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 12C

FORM 990, PART VI, SECTION B.

CONFLICTS OF INTEREST IDENTIFIED ARE INVESTIGATED AND RESOLVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS

Return Reference FORM 990, PRESIDENT'S SALARY IS DETERMINED BY COMPARABILITY DATA

990 Schedule O, Supplemental Information

LINE 15A

FORM 990, PRESIDENT'S SALARY IS DETERMINED BY COMPARABILITY DATA PART VI, SECTION B.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC PART VI, SECTION C.

LINE 18

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC PART VI, SECTION C.

LINE 19

Return Explanation

990 Schedule O. Supplemental Information

FORM 990, PART XII, OVERSIGHT PROCESS
LINE 2C

THE BOARD OF DIRECTORS OVERSEES THE AUDIT OF THE ORGANIZATION NO CHANGE WAS MADE IN THE AUDIT OVERSIGHT PROCESS